

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING	A. Agency, code agency subelement and submitting office number <i>(Example - xx-xx-xxxx)</i>	01	B. OFFICE USE ONLY	
			C. Request status (Mark (X) one)	02
		Initial or Resubmission	Correction or Cancellation	

Section A - TRAINEE INFORMATION

1. Applicant's name (Last-First-Middle Initial)		Enter first 5 letters of last name	03	2. Social Security Number		04	3. Date of Birth (Year and month)		05
				<i>(Example-born January 14, 1943 shown as 43/01)</i>					
4. Home address (Number, street, city, State, ZIP code)				5. Home telephone		6. Position level (Mark (X) one only)			
				Area code		a. Non-supervisory		c. Manager	
						b. Supervisory		d. Executive	
7. Organization mailing address (Branch-Division/Office/Bureau/Agency)				8. Office Telephone		9. Continuous civilian service		10. Number of prior non-government training days	
				Area code	Number	Extension	Years	Months	
11a. Position title/function		11b. Applicant handicapped or disabled (See instructions)		12. Pay plan/series/grade/step			13. Type of appointment		14. Education level

Section B - TRAINING COURSE DATA

15a. Name and mailing address of training vendor (No., street, city, State, ZIP code)				15b. Location of training site (If same, mark box) → <input type="checkbox"/>						
16. Course title and training objectives (Benefits to be derived by the Government)										
17. Catalog/Course No.		18. Training period (6 digits)			06	19. No. of course hours (4 digits)		07	20. Training codes (See instructions)	
		Year	Month	Day	a. During duty			Code		
a. Start					b. Non-duty			a. Purpose		08
b. Complete					c. TOTAL			b. Type		09
								c. Source		10
								d. Special interest		11

Section C - TERMINATION AND EVALUATION DATA (To be completed by Trainee)

21. Course was completed		22. Actual course dates (Month/day/year)						23. Actual course hours		24. Academic grade/score	
a. <input type="checkbox"/> Yes		a. Commenced		b. Completed		a. Duty		b. Non-duty			
b. <input type="checkbox"/> No - Return this form with a memo explaining circumstances		Month	Day	Year	Month	Day	Year				
25. All sessions were attended											
a. <input type="checkbox"/> Yes											
b. <input type="checkbox"/> No - Explain											

AREAS OF EVALUATION				Rating					
(Place (X) in appropriate column to indicate your evaluation of items 26 through 37. Do not attempt to split a rating)							A	B	C
26. Stated objective accomplished	A = Yes	B = Partially	C = No						
27. Coverage of subject matter	A = Excellent	B = Sufficient	C = Poor						
28. Organization of subject matter	A = Well organized	B = Adequate	C = Poorly organized						
29. Suitability of instruction materials	A = Excellent	B = Adequate	C = Poor						
30. Level of difficulty	A = Too advanced	B = Appropriate	C = Too elementary						
31. Length of course	A = Too long	B = Appropriate	C = Too short						
32. Amount of outside or evening work	A = Too much	B = Appropriate	C = Insufficient						
33. Effectiveness of instructors	A = Excellent	B = Good	C = Poor						
34. Applicability of subject matter to the job	A = Significant	B = Adequate	C = Insignificant						
35. Facilities	A = Excellent	B = Good	C = Poor						
36. Recommendation to colleagues	A = Highly recommend	B = Recommend	C = Not recommended						
37. Meet career development plans	A = Yes	B = No	C = Not applicable						

Section C - TERMINATION AND EVALUATION DATA (To be completed by Trainee) - Continued

38. Comments on strong points of course

39. Comments on weak points of course

40. What were your objectives in taking this course? Were they met?

41. Do you recommend this program for others? If so, whom?

42. Additional comments

43. Signature of trainee

Date

Section D - SUPERVISORY COMMENTS (To be completed by employee's immediate supervisor)

44. Have you discussed this course and its application to the job with this employee? a. Yes b. No

45. What were your objectives in having employee attend course?

46. Were the objectives of the training achieved?

47. Additional comments

48. Signature of supervisor

Date

PERSONNEL USE ONLY

GENERAL INSTRUCTIONS - Prepare this request in accordance with instructions included on form and indicated below. Complete Sections A, B, C, D26, D27, and G32 (reverse of copy 1) and submit to appropriate Agency Training Office within the specified lead time for processing. Copy 10 is for your files.

SPECIFIC INSTRUCTIONS

► Section A - TRAINEE INFORMATION

Item 1 - After filling in the trainee's full name, enter the first five letters of the last name in the shaded box.

Item 2 - Use 9 digits for the Social Security Number.

Item 3 - Enter year and month of birth (e.g., if the trainee's birth date is January 14, 1943, it would appear as 43/01).

Items 4 - 8 - Self-explanatory/follow agency instructions.

Item 9 - Enter number of years and months of continuous civilian Government service.

Item 10 - To be filled in by nominating Agency Training Office.

Item 11a. - Self-explanatory. (If additional space is necessary to describe duties and responsibilities, attach separate sheet.)

Item 11b. - If the applicant is disabled or handicapped and in need of special arrangements (Braille, taping, interpreters, facility accessibility, etc.) describe the special arrangements on a separate sheet and attach to the Vendor Copy (copy 3). NOTE: The applicant is not required to furnish this information. His/her signature on the descriptive sheet indicates agreement to release it to training vendors.

Item 12 - Self-explanatory.

Item 13 - Career Conditional (C.C.), Career (C), Temporary (Temp), etc.

Item 14 - Follow agency instructions.

► Section B - TRAINING COURSE DATA

Items 15 -17 - Self-explanatory. (Item 16 - if additional space is necessary, attach separate sheet.)

Item 18 - Enter the year, month, and day the course begins and ends (e.g., a course starting Jun 15, 1973, and ending December 15, 1973, would be entered as 73/06/15 and 73/12/15).

Item 19 - The number of course hours can be determined by multiplying the number of hours attended per week by the number of weeks of the course or semester.

Item 20 - Select an appropriate code for each item listed below and enter in code boxes on form.

► Section C - ESTIMATED COSTS AND BILLING INFORMATION

Items 21, 22 - Follow agency instructions.

Item 23 - Enter Document/Purchase Order/Requisition Number for reimbursement of training costs to responsible Training Vendor. This number is to be referenced on the billing document.

Item 24 - Fill in 8-digit station symbol of the nominating agency finance office which will report the payment on SF-224, Statement of Transactions. If a nominating agency does not report on SF-224 and will issue a check, type "SF-1080" in this block.

Item 25 - Enter name and mailing address of nominating Agency Finance Office for billing purposes.

► Sections C and D - TERMINATION AND EVALUATION DATE - Copy 9 This information will be filled in on copy 9 after training is completed (follow agency instructions).

► Section D - APPROVALS

Items 26, 27 - To be completed by applicant's immediate and/or second-line supervisor(s) before submission of form to nominating Agency Training Office as indicated in agency instructions.

Item 28 - To be completed by the nominating Agency Training Officer.

► Section E - APPROVAL/CONCURRENCE

Item 29 - To be completed by the nominating Agency Official who is authorized to approve or disapprove request.

NOTE: Approving officials may authorize training in non-government facilities only after determining that adequate training is not reasonably available within Government.

► Section G - EMPLOYEE'S AGREEMENT TO CONTINUE IN SERVICE (NON-GOVERNMENT TRAINING) Copy 1 - Reverse side

The applicant must read and understand the statements contained in the agreement. If there are any questions concerning this section, please contact the nominating Agency Training Office.

Item 31 - To be completed by nominating Training Office.

Item 32 - To be signed and dated by employee nominated for non-government Training.

► Section G -FINANCE - Copy 7 only

Items 31, 32 - To be filled in by the nominating Agency Finance Office.

► Section H - TRAINING VENDOR - Copies 5 and 6 only

Instructions on reverse of copy 3.

► Section I

Copy 5 - Mailing address of Nominating Agency.

Copy 6 - Mailing address of employee.

To be filled in by nominating Agency Training Office. Name and address to be stamped on copy 5.

CODES FOR ITEM 20 (See 1-part form for code definitions)

A. PURPOSE

- 1 Mission or program change
- 2 New technology
- 3 New work assignment
- 4 Improve present performance
- 5 Meet future staffing needs
- 6 Develop unavailable skills
- 7 Trade or craft apprenticeship
- 8 Orientation
- 9 Adult basic education

B. TYPE

- 1 Executive and Management
- 2 Supervisory
- 3 Legal, Medical, Scientific, or Engineering
- 4 Administration and analysis
- 5 Specialty and Technical
- 6 Clerical
- 7 Trade or draft
- 8 Orientation

C. SOURCE

- 1 Government-Agency
- 2 Government-Interagency
- 3 Non-government-Designed for agency
- 4 Non-government-Off-shelf
- 5 State or local government

D. SPECIAL INTEREST

- 0 No special program
- 1 Executive development
- 2 Supervision (other codes may be developed-follow agency instructions)